

Doc Talk

By Dr. Veronica Naudin



Potty Training: Ready...or Not?

Q: My first child potty trained easily but my second child seems to more of a challenge. He is now 2 1/2. What do I do now?

A: Toilet training is an important developmental stage for all children. One thing that I have learned is that your child will not potty train until he is ready both physically and emotionally. Our parents tell us that we “potty trained” at 18 months. However, in my experience, most children can potty train as early as two but usually more often at 2 1/2 or 3 years old. Most likely, your second child is simply not ready. There are several factors to consider in determining if your child is truly ready to begin the process of toilet training.

- Your child can sit for five minutes
- He is not scared of the potty
- His stools are well formed
- He shows imitative behavior
- He is aware of pooping and peeing and can differentiate
- He wakes up in the morning with a dry diaper
- He wants to potty in a toilet or potty

In addition to the above factors, you should ensure that stress is not present for your toddler. If you are moving or changing jobs or changing daycare, you might want to postpone your actual potty training with your child. In addition, my general rule of thumb is to wait six months after the birth of a new sibling prior to initiating toilet training with a toddler.

If your child is not truly ready, you may start pre-potty training. There are three areas that you should consider in helping your child prepare for the big step.

Imitative Behavior

At this phase of potty training, most children will begin to appreciate imitative play. They want to help you vacuum and wash the car. So it is important for adults and older children in the home to take advantage of that natural tendency and encourage the toddlers in the home to “imitate” them. I encourage you to get excited when you need to go to the bathroom. You may exclaim, “WOW, I just finished going pee pee or WOW, I need to go poo poo in the Big Girl bathroom. Using consistent words for urine and stool is important and your toddler may help you

with the best choice of words to use. Avoid using words that are negative such as stinky or yucky as this may deter your child.

Ability

Language development seems to go along with toilet training. The ability to communicate different words and differentiate needing to go to the bathroom to poop and/or pee seems to happen at a similar time for most toddlers. Physical and social development also plays a role in toilet training. Some toddlers are frightened of the big toilet or simply do not fit. You may need to shop around for the best “potty” seat that suits your child. Once you have one in your home, you can help your child to sit on it before his bath or early in the morning. He can sit on his potty while you are having a bowel movement. Eventually, he will associate the potty as the place where he poops and pees. This is also a time when you can start to take mental notes of your child’s daily bowel and bladder habits.

Desire

At some point, your child will prefer the potty to the diaper. Surprisingly, most toddlers will volunteer this information. My first son stated he wanted only the diaper for two months and then suddenly decided he wanted to use the potty. It was easy to potty train once he took the lead and it was something that was important to him and not me.

In summary, I hope these guidelines will help you to prepare your child for toilet training. Pre-potty training is an important first step.

Doc Talk is sponsored by

“Pediatric Medical Associates of Tri-City”

Dr. Jorge Castro, Dr. Veronica Naudin, Dr. Stanley Ambo, and Dr. Paul Parker are dedicated to providing you with the quality health care that you desire for your children.

Please send questions and/or suggestions to:

Doc Talk, c/o PMA,
2067 Vista Way #180, Vista, CA 92083
or call: (760) 945-3434 or fax: (760) 945-6761

Now that school is in full session, everyone is focused on our children's performance in school. Every parent hopes that their child will do well academically and socially in school. Often, the two are tied together and children are picked on when they seem to be "slower" than their peers. While many people have heard of dyslexia, it remains poorly understood. Many people think that children with dyslexia have trouble with writing letters and numbers backwards. We know that the problem is much more complicated than that and that children and adults with dyslexia have trouble processing numbers and letters in the brain. However, as our understanding of dyslexia improves, we are also learning the many ways that children with dyslexia can be helped.

If you are worried about your child's progress in reading, you should look for the signs of dyslexia. Children with dyslexia often display signs in preschool. The early signs include an inability to rhyme, failure to recognize letters in his or her name and have difficulty in remembering names of letters. At age 6-7, children with dyslexia may still have difficulty with common one-syllable words and complain that reading is too hard. Older children will mispronounce long or complicated words, confuse words that sound alike, have trouble memorizing dates, names and telephone numbers and guess wildly when reading multisyllable words instead of sounding them out.

What can you do if you suspect your child has dyslexia?

Talk to your child's teacher. Many teachers have experience with dyslexia or have resources to help you. In addition, your child's teacher may be able to give you some insight as to how your child is doing in the classroom setting. He/she may also give you some reading resources and ways to encourage your child to read at home.

Get tested. Every school has a special education resource specialist. You may contact the specialist and request special testing to determine if your child has dyslexia or another learning disability. In addition, you may have coverage for this testing through your health plan. Call your health plan to obtain psychological services and testing for learning disability. You may also call the International Dyslexia Association @ 1-800-A-D123 for more resources.

Create an IEP. An IEP is an individualized education plan for your child. Every parent has the right to request an IEP for his or her child. In fact, your teacher or physician may not request it. The request must come from a parent. Public schools are required by law to ensure that every child has an appropriate learning environment. If you believe your child may qualify for special help and/or resources, you must request an IEP from your school.

Get at home help. Consider tutors and learning centers. There are many public and private services available. You can decide which type will best meet your child's needs. Also you may try computer programs specialized for reading. Look for programs that emphasize and reinforce phonemic awareness such as *Away We Go* or *Read, Write and Type*.

Keep in mind that dyslexia is not a disease. There is no medicine or cure for this learning disability. It is an inherited condition, which means that someone in the family has experience with dyslexia. Many children with dyslexia have above average intelligence. Hence, early diagnosis and appropriate learning tools will greatly enhance a dyslexic child's education. Many adults with dyslexia feel their dyslexia is a gift because it taught them to problem solve and become more creative. If you have any further questions about your child's learning issues, please discuss them with your child's pediatrician.